

# About Tardive Dyskinesia

## What Is Tardive Dyskinesia (TD)?

Prolonged use of certain mental health medicines (antipsychotics) may cause an involuntary movement disorder known as TD.<sup>1-4</sup> It is characterized by uncontrollable, abnormal, and repetitive movements of the face, torso, and/or other body parts.<sup>3,4</sup> This can include hand or foot movements, rocking of the torso, lip smacking, grimacing, tongue protrusion, facial movements, or blinking, as well as puckering and pursing of the lips.<sup>2-4</sup> TD is a chronic condition that is unlikely to improve without treatment.<sup>1,4</sup>

## What Causes TD?

Prolonged use of antipsychotics is thought to result in too much dopamine activity in the brain, which could lead to uncontrolled body movements known as TD.<sup>3,4</sup> These medicines may have been prescribed to treat one of the following conditions<sup>3,4</sup>:

- Depression
- Schizoaffective disorder
- Bipolar disorder
- Schizophrenia

Other prescription medicines used to treat upset stomach, nausea, and vomiting may also cause TD.

## How Common Is TD?

TD affects approximately **600,000 people in the U.S.**<sup>1,5</sup>

Approximately **70%, or 7 out of 10 patients living with TD, have not yet been diagnosed.**<sup>6</sup>

## What Are Risk Factors for TD?



**Older Age (55+)**<sup>7</sup>



**Substance Use Disorder**<sup>8</sup>



**Being postmenopausal**<sup>9</sup>

## What is the possible impact of TD?

TD can impact patients physically, socially, and emotionally.<sup>10</sup> Patients may<sup>3,10-13</sup>:



Experience difficulties with daily activities due to uncontrolled movements of TD



Feel embarrassed or judged by others



Withdraw from society and isolate themselves

## How Is TD Diagnosed?

It is important that people who are taking antipsychotic medication be monitored for drug-induced movement disorders (DIMDs), such as TD. Screenings for DIMDs should include a physical assessment using a tool, such as the Abnormal Involuntary Movement Scale exam, and visual examination of the body.<sup>2,14</sup> This can help diagnose DIMDs and determine next steps to finding the right treatment plan.

The American Psychiatric Association 2020 guidelines for the treatment of schizophrenia recommend screening for TD at least every<sup>14</sup>:

**6 months**  
in high-risk  
patients

and

**12 months**  
for others at risk  
of developing TD

Visit [TalkAboutTD.com](http://TalkAboutTD.com) to download the Doctor Discussion Guide to show the exact location of movements during a doctor visit.

Learn more about TD, living with TD, and how to treat TD by visiting  
**TalkAboutTD.com**

### References:

1. Cloud LJ, Zutshi D, Factor SA. Tardive dyskinesia: therapeutic options for an increasingly common disorder. *Neurotherapeutics*. 2014;11(1):166-176. doi:10.1007/s13311-013-0222-5
2. Guy W. ECDEU Assessment Manual for Psychopharmacology. Revised 1976. Rockville, MD: National Institute of Mental Health; 1976.
3. Task Force on Tardive Dyskinesia. Tardive Dyskinesia: A Task Force Report of the American Psychiatric Association. Washington, DC: American Psychiatric Association; 1992.
4. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington, VA: American Psychiatric Association; 2013:712.
5. Data on File. Neurocrine Biosciences.
6. Data on File. Neurocrine Biosciences.
7. Woerner MG, Alvir JM, Saltz BL, Lieberman JA, Kane JM. Prospective study of tardive dyskinesia in the elderly: rates and risk factors. *Am J Psychiatry*. 1998;155(11):1521-1528. doi:10.1176/ajp.155.11.1521
8. Miller DD, McEvoy JP, Davis SM, et al. Clinical correlates of tardive dyskinesia in schizophrenia: baseline data from the CATIE schizophrenia trial. *Schizo Res*. 2005;80(1):33-43. doi:10.1016/j.schres.2005.07.034
9. Seeman MV. Interaction of sex, age, and neuroleptic dose. *Compr Psychiatry*. 1983;24(2):125-128. doi:10.1016/0010-440x(83)90100-1
10. Ascher-Svanum H, et al. Tardive dyskinesia and the 3-year course of schizophrenia: results from a large, prospective, naturalistic study. *J Clin Psych*. 2008;69(10):1580-1588. doi:10.4088/jcp.v69n1008
11. Boumans CE, de Mooij KJ, Koch PA, van 't Hof MA, Zitman FG. Is the social acceptability of psychiatric patients decreased by orofacial dyskinesia? *Schizophr Bull*. 1994;20(2):339-344. doi:10.1093/schbul/20.2.339
12. Citrome L. Clinical management of tardive dyskinesia: five steps to success. *J Neural Sci*. 2017;383:199-204. doi:10.1016/j.jns.2017.11.019
13. Yassa R. Functional impairment in tardive dyskinesia: medical and psychosocial dimensions. *Acta Psychiatrica Scandinavica*. 1989;80(1):64-67. doi:10.1111/j.1600-0447.1989.tb01301
14. Keepers G. A. [2021]. The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. *American Journal of Psychiatry*. Published September 1, 2020. Accessed December 1, 2022. <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.177901>